

FEC  
FORM 3XREPORT OF RECEIPTS  
AND DISBURSEMENTS  
For Other Than An Authorized CommitteeRECEIVED  
FEC MAIL CENTER  
2016 FEB -1 AM 9:41

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

AMERICAN ACADEMY OF EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE AAEM PAC

ADDRESS (number and street) 555 East Wells Street, Suite 1100

☐ Check if different than previously reported. (ACC) Milwaukee WI 53202-3823

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00324780

3. IS THIS REPORT ☒ NEW (N) OR ☐ AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)

☐ July 15 Quarterly Report (Q2)

☐ October 15 Quarterly Report (Q3)

☒ January 31 Year-End Report (YE)

☐ July 31 Mid-Year Report (Non-election Year Only) (MY)

☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11) (Non-Election Year Only)

☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12) (Non-Election Year Only)

☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)

☐ Convention (12C) ☐ Special (12S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of

(d) 30-Day POST-Election Report for the:

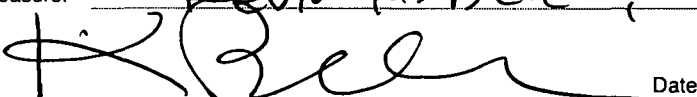
☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period 07 / 01 / 2015 through 12 / 31 / 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Kevin D. Boer, MD

Signature of Treasurer  Date 01 / 26 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
OnlyFEC FORM 3X  
Rev. 12/2004

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**AMERICAN ACADEMY OF EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE AAEM PAC**

Report Covering the Period:

From:

MM / DD / YYYY  
07 / 01 / 2015

To:

MM / DD / YYYY  
12 / 31 / 2015

**COLUMN A  
This Period**

**COLUMN B  
Calendar Year-to-Date**

|   |           |
|---|-----------|
| 6. (a) Cash on Hand<br>January 1, 2015  | 292143.32 |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....   | 234816.43 |
| (c) Total Receipts (from Line 19) .....   | 38702.08  |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B) .....      | 330845.40 |
| 7. Total Disbursements (from Line 31) .....   | 72750.53  |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....                 | 258094.87 |
| 9. Debts and Obligations Owed TO<br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00      |
| 10. Debts and Obligations Owed BY<br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | 0.00      |



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**AMERICAN ACADEMY OF EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE AAEM PAC**

Report Covering the Period: From:

MM / DD / YYYY  
07 / 01 / 2015

To:

MM / DD / YYYY  
12 / 31 / 2015

## **I. Receipts**

### **COLUMN A** Total This Period

### **COLUMN B** Calendar Year-to-Date

**11. Contributions (other than loans) From:**

- (a) Individuals/Persons Other Than Political Committees
  - (i) Itemized (use Schedule A).....
  - (ii) Unitemized.....
  - (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

14235.00  
8864.75  
23099.75

22335.00  
15995.75  
38330.75

- (b) Political Party Committees.....
- (c) Other Political Committees (such as PACs).....
- (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

0.00  
0.00  
23099.75

0.00  
0.00  
38330.75

**12. Transfers From Affiliated/Other Party Committees.....**

0.00

0.00

**13. All Loans Received.....**

0.00

0.00

**14. Loan Repayments Received.....**

0.00

0.00

**15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....**

0.00

0.00

**16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....**

0.00

0.00

**17. Other Federal Receipts (Dividends, Interest, etc.).....**

178.69

371.33

**18. Transfers from Non-Federal and Levin Funds**

- (a) Non-Federal Account (from Schedule H3).....
- (b) Levin Funds (from Schedule H5).....
- (c) Total Transfers (add 18(a) and 18(b))..

0.00  
0.00  
0.00

0.00  
0.00  
0.00

**19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶**

23278.44

38702.08

**20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶**

23278.44

38702.08

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures:  |                               |                                   |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4)                                  |                               |                                   |
| (i) Federal Share .....  | 0.00                          | 0.00                              |
| (ii) Non-Federal Share.....  | 0.00                          | 0.00                              |
| (b) Other Federal Operating Expenditures .....   | 0.00                          | 250.53                            |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 0.00                          | 250.53                            |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 0.00                          | 72500.00                          |
| 24. Independent Expenditures (use Schedule E) .....  | 0.00                          | 0.00                              |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....                   | 0.00                          | 0.00                              |
| 26. Loan Repayments Made.....  | 0.00                          | 0.00                              |
| 27. Loans Made.....  | 0.00                          | 0.00                              |
| 28. Refunds of Contributions To:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees .....                                  | 0.00                          | 0.00                              |
| (b) Political Party Committees .....   | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs).....   | 0.00                          | 0.00                              |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....                            | 0.00                          | 0.00                              |
| 29. Other Disbursements .....  | 0.00                          | 0.00                              |
| 30. Federal Election Activity (2 U.S.C. §431(20))  |                               |                                   |
| (a) Allocated Federal Election Activity (from Schedule H6)                                     |                               |                                   |
| (i) Federal Share .....  | 0.00                          | 0.00                              |
| (ii) "Levin" Share.....  | 0.00                          | 0.00                              |
| (b) Federal Election Activity Paid Entirely With Federal Funds .....                           | 0.00                          | 0.00                              |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....           | 0.00                          | 0.00                              |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..      | 0.00                          | 72750.53                          |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 0.00                          | 72750.53                          |

## Page 5

**COLUMN B**  
**Calendar Year-to-Date**

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE AAEM PAC

|   |  |
|---|--|
| <p><b>A. Dr. Guleid Adam</b><br/>Full Name (Last, First, Middle Initial)<br/>Mailing Address 5514 Emerson Pointe Way<br/>City Orlando State FL Zip Code 32819<br/>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span><br/>Name of Employer Emcare Occupation physician, Emergency<br/>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br/>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">250.00</span></p>                    | <p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">12</span> / <span style="border: 1px solid black; padding: 2px;">16</span> / <span style="border: 1px solid black; padding: 2px;">2015</span><br/>Transaction ID : SA11AI.5045<br/>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">250.00</span></p> |
| <p><b>B. Dr. Leonardo L. Alonso</b><br/>Full Name (Last, First, Middle Initial)<br/>Mailing Address 831 Chicopit Lane<br/>City Jacksonville State FL Zip Code 32225<br/>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span><br/>Name of Employer Memorial Medical Center Occupation Medical Director<br/>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br/>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">500.00</span></p> | <p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">12</span> / <span style="border: 1px solid black; padding: 2px;">21</span> / <span style="border: 1px solid black; padding: 2px;">2015</span><br/>Transaction ID : SA11AI.5046<br/>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">250.00</span></p> |
| <p><b>C. Dr. Justin P. Anderson</b><br/>Full Name (Last, First, Middle Initial)<br/>Mailing Address 138 Dolphin Ave.<br/>City Seal Beach State CA Zip Code 90740<br/>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span><br/>Name of Employer self employed Occupation Physician<br/>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br/>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">250.00</span></p>                     | <p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">12</span> / <span style="border: 1px solid black; padding: 2px;">30</span> / <span style="border: 1px solid black; padding: 2px;">2015</span><br/>Transaction ID : SA11AI.5048<br/>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">250.00</span></p> |
| <p><b>SUBTOTAL</b> of Receipts This Page (optional)..... <span style="border: 1px solid black; padding: 2px;">750.00</span></p> <p><b>TOTAL</b> This Period (last page this line number only)..... <span style="border: 1px solid black; padding: 2px;"></span></p>   |  |

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE AAEM PAC

|  |  |   |
|--|--|---|
| <b>A. Dr. Peter G. Anderson</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 1610 West Oceanfront<br>City Newport Beach State CA Zip Code 92663<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer self Occupation Physician<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼ 250.00                          |  | Date of Receipt<br>MM / DD / YYYY<br>10 / 05 / 2015<br>Transaction ID : SA11AI.5050<br>Amount of Each Receipt this Period<br>250.00 |
| <b>B. Dr. Dominic J. Bagnoli Jr.</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 50 East Drive<br>City Hartville State OH Zip Code 44632<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Emergency Medicine Physicians, Ltd. Occupation physician<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼ 250.00 |  | Date of Receipt<br>MM / DD / YYYY<br>11 / 03 / 2015<br>Transaction ID : SA11AI.5051<br>Amount of Each Receipt this Period<br>250.00 |
| <b>C. Dr. Vincent M. Blum</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 2910 Sundance Path<br>City Stevensville State MI Zip Code 49127<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer LSUHSC Occupation physician<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼ 500.00                             |  | Date of Receipt<br>MM / DD / YYYY<br>10 / 13 / 2015<br>Transaction ID : SA11AI.5052<br>Amount of Each Receipt this Period<br>500.00 |
| <b>SUBTOTAL</b> of Receipts This Page (optional).....  |  | 1000.00   |
| <b>TOTAL</b> This Period (last page this line number only).....  |  |   |

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE AAEM PAC

Full Name (Last, First, Middle Initial)  
**A. Dr. Erem Emmanuel Bobrakov**  
Mailing Address 248 Westmoreland Drive

City State Zip Code  
Wilmette IL 60091-3060

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MIDWAY EMERGENCY PHYSICIANS

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
10 / 14 / 2015

Transaction ID : SA11AI.5053

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)  
**B. Dr. Garrett Clanton II**  
Mailing Address 1110 Vintage Drive

City State Zip Code  
Sumter SC 29154

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tuomey Regional Medical Center

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
11 / 18 / 2015

Transaction ID : SA11AI.5057

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)  
**C. Dr. Brian J. Cutcliffe**  
Mailing Address 212 Chester St.

City State Zip Code  
Menlo Park CA 94025

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TPMG

Occupation  
MD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
10 / 10 / 2015

Transaction ID : SA11AI.5059

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....▶

750.00

TOTAL This Period (last page this line number only).....▶



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
**AMERICAN ACADEMY OF EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE AAEM PAC**

|  |  |   |
|--|--|---|
| <b>A. Christopher Xavier Daly</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 298 S. Roberts Road<br>City Bryn Mawr State PA Zip Code 19010-1351<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Bryn Mawr Hospital Occupation Medical Doctor<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼ 250.00             |  | Date of Receipt 10 / 23 / 2015<br>Transaction ID : SA11AI.5060<br>Amount of Each Receipt this Period 250.00 |
| <b>B. Timothy Dougherty</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 620 Coral Drive<br>City Cape Coral State FL Zip Code 33904-5908<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer Cape Coral Emergency Physician Occupation Medical Doctorawoznicki<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼ 250.00 |  | Date of Receipt 10 / 19 / 2015<br>Transaction ID : SA11AI.5061<br>Amount of Each Receipt this Period 250.00 |
| <b>C. Dr. William T. Durkin Jr.</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 3101 N. Hampton Drive, #505<br>City Alexandria State VA Zip Code 22302<br>FEC ID number of contributing federal political committee. <b>C</b><br>Name of Employer William T. Durkin, MD Inc. Occupation Physician<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼ 500.00    |  | Date of Receipt 12 / 22 / 2015<br>Transaction ID : SA11AI.5062<br>Amount of Each Receipt this Period 500.00 |
| <b>SUBTOTAL</b> of Receipts This Page (optional).....  |  | 1000.00   |
| <b>TOTAL</b> This Period (last page this line number only).....  |  |   |

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE AAEM PAC

Full Name (Last, First, Middle Initial)

**A. David Farcy**

Mailing Address 6515 Collins Avenue Apt. 1805

City

Miami Beach

State

FL

Zip Code

33141

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mount Sinai Medical Center

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
10 / 22 / 2015

Transaction ID : SA11AI.5063

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr. William E. Franklin**

Mailing Address 14551 Greatest Pl

City

Bakersfield

State

CA

Zip Code

93314-7230

FEC ID number of contributing  
federal political committee.

C

Name of Employer

San Joaquin Community Hospital

Occupation

physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
10 / 12 / 2015

Transaction ID : SA11AI.5065

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Dr. William T. Freeman**

Mailing Address 36428 Oak Park Avenue

City

Prairieville

State

LA

Zip Code

70769

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
10 / 23 / 2015

Transaction ID : SA11AI.5067

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....▶

750.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER:  
 (check only one)

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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE AAEM PAC

Full Name (Last, First, Middle Initial)

A. Dr. Ron S. Fuerst

Mailing Address 116 Woodview Lane

City State Zip Code  
 Columbia SC 29223

FEC ID number of contributing  
 federal political committee.

C

Name of Employer  
 Emergency Physician, Pediatric Special

Occupation  
 physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
 10 / 14 / 2015

Transaction ID : SA11AI.5069

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Brandon J. Fumanti

Mailing Address 118 Connetquot Dr

City State Zip Code  
 Oakdale NY 11769

FEC ID number of contributing  
 federal political committee.

C

Name of Employer  
 North Shore-LIJ Health System

Occupation  
 Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
 10 / 26 / 2015

Transaction ID : SA11AI.5070

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Ronald T. Genova

Mailing Address 3430 N Mountain Ridge  
 Unit 14

City State Zip Code  
 Mesa AZ 85207-1071

FEC ID number of contributing  
 federal political committee.

C

Name of Employer  
 RGEF LLC

Occupation  
 ED Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
 11 / 09 / 2015

Transaction ID : SA11AI.5072

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....▶

750.00

TOTAL This Period (last page this line number only).....▶

2010-01-01-01-00004034

**SCHEDULE A (FEC Form 3X)**  
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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE AAEM PAC

**A. Robert Bruce Genzel**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1305 Bent Creek Drive  
City Southlake State TX Zip Code 76092  
FEC ID number of contributing federal political committee. C  
Name of Employer Harris Methodist Hospital Occupation Medical Doctor  
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

MM / DD / YYYY  
10 / 19 / 2015

Transaction ID : SA11AI.5073

Amount of Each Receipt this Period

250.00

**B. Jerris Hedges**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1288 Kapiolani Blvd  
City Honolulu State HI Zip Code 96814  
FEC ID number of contributing federal political committee. C  
Name of Employer John A. Burns School of Medici Occupation  
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

MM / DD / YYYY  
12 / 09 / 2015

Transaction ID : SA11AI.5076

Amount of Each Receipt this Period

250.00

**C. Dr. Melanie S. Heniff**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8903 Waterside Circle  
City Indianapolis State IN Zip Code 46278  
FEC ID number of contributing federal political committee. C  
Name of Employer Indiana University Methodist Occupation physician  
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

MM / DD / YYYY  
11 / 17 / 2015

Transaction ID : SA11AI.5078

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

750.00

TOTAL This Period (last page this line number only).....

2016-02-01-00040115

**SCHEDULE A (FEC Form 3X)**  
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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE AAEM PAC

Full Name (Last, First, Middle Initial)  
**A. Dr. Victor S. Ho**

Mailing Address 11831 Red Coat Ln.

City State Zip Code  
Houston TX 77024-5034

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lai-Ho, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
11 / 09 / 2015

Transaction ID : SA11AI.5079

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)  
**B. Bradley Houts**

Mailing Address 14335 NW 65th Street

City State Zip Code  
Kansas City MO 64152

FEC ID number of contributing  
federal political committee.

C

Name of Employer

North Kansas City Hospital

Occupation

Medical Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
10 / 15 / 2015

Transaction ID : SA11AI.5081

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)  
**C. David Kelton**

Mailing Address 15W740 Lexington Street

City State Zip Code  
Elmhurst IL 60126

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OSF Saint Anthony Medical Cent

Occupation

Medical Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
12 / 21 / 2015

Transaction ID : SA11AI.5082

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....▶

750.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE AAEM PAC

Full Name (Last, First, Middle Initial)

A. Dr. Jack D. Kennis

Mailing Address 27080 Big Horn Mountain Way

City

Yorba Linda

State

CA

Zip Code

92887

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PIH Health Emergency Medicine

Occupation

physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

MM / DD / YYYY  
10 / 19 / 2015

Transaction ID : SA11AI.5084

Amount of Each Receipt this Period

280.00

Full Name (Last, First, Middle Initial)

B. Lenard Kerr

Mailing Address 15149 NE 29th St

City

Cambridge

State

IA

Zip Code

50046

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HEALTH SYSTEM EMERGENCY  
PHYSICIANS PC

Occupation

physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
11 / 23 / 2015

Transaction ID : SA11AI.5085

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Kenneth Koster

Mailing Address 5550 William Henry Harrison Lane

City

Cincinnati

State

OH

Zip Code

45243-3941

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fairfield Hospital

Occupation

Medical Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
10 / 28 / 2015

Transaction ID : SA11AI.5086

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

780.00

**SCHEDULE A (FEC Form 3X)**  
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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE AAEM PAC

Full Name (Last, First, Middle Initial)  
**A. Dr. Zachary N. Malachias**  
Mailing Address 44188 Riverpoint Drive

City State Zip Code  
Leesburg VA 20176-8206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Commonwealth Emergency Phys

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
12 / 30 / 2015

Transaction ID : SA11AI.5089

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)  
**B. Nishit Mehta**  
Mailing Address 4089 Saint Theresa Blvd

City State Zip Code  
Avon OH 44011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Medical Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
12 / 16 / 2015

Transaction ID : SA11AI.5092

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)  
**C. Mercy Hospital**  
Mailing Address Emergency Department  
12621 Eckle Junction Dr

City State Zip Code  
Perrysburg OH 43551

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mercy Hospital

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
12 / 16 / 2015

Transaction ID : SA11AI.5094

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....▶

750.00

TOTAL This Period (last page this line number only).....▶

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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE AAEM PAC

Full Name (Last, First, Middle Initial)

**A. Jeffrey Alan Moore**

Mailing Address 21 S. Main Street

City

Watkinsville

State

GA

Zip Code

30677

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Georgia Emergency Medicine Spe

Occupation

Medical Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
11 / 06 / 2015

Transaction ID : SA11AI.5095

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr. James A. Newman**

Mailing Address 201 Easy Street

City

Pasco

State

WA

Zip Code

99301

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kennewick Emergency Physicians

Occupation

physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
10 / 20 / 2015

Transaction ID : SA11AI.5096

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Dr. Molly O'Sullivan Jancis**

Mailing Address 4820 Quedo Place

City

Woodland Hills

State

CA

Zip Code

91364

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kaiser Panorama City

Occupation

physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

MM / DD / YYYY  
10 / 15 / 2015

Transaction ID : SA11AI.5099

Amount of Each Receipt this Period

255.00

SUBTOTAL of Receipts This Page (optional).....▶

755.00

TOTAL This Period (last page this line number only).....▶



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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE AAEM PAC

**A. Dr. Mark S. Penner**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6950 Almaden Expressway #182  
City State Zip Code  
San Jose CA 95120  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
EPA ER physician  
Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ☐  
Aggregate Year-to-Date **400.00**

Date of Receipt

MM / DD / YYYY  
10 / 09 / 2015

Transaction ID : SA11AI.5101

Amount of Each Receipt this Period

**400.00**

**B. Dr. David Pillus**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1733 Ravello Way  
City State Zip Code  
Brentwood TN 37027  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
leading edge medical associates physician  
Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ☐  
Aggregate Year-to-Date **250.00**

Date of Receipt

MM / DD / YYYY  
11 / 14 / 2015

Transaction ID : SA11AI.5103

Amount of Each Receipt this Period

**250.00**

**C. Dr. Kevin G. Rodgers**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7569 Ballinshire Drive  
City State Zip Code  
Indianapolis IN 46254  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Indiana University Physician  
Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ☐  
Aggregate Year-to-Date **250.00**

Date of Receipt

MM / DD / YYYY  
11 / 19 / 2015

Transaction ID : SA11AI.5105

Amount of Each Receipt this Period

**250.00**

**SUBTOTAL** of Receipts This Page (optional).....

**900.00**

**TOTAL** This Period (last page this line number only).....

2010-01-01 00:00:00

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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE AAEM PAC

Full Name (Last, First, Middle Initial)

A. Dr. James Francis Rowley

Mailing Address 3412 Greene Countrie Drive

City

Newtown Square

State

PA

Zip Code

19073-1912

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Abington Emergency Physician Assoc.

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
07 / 06 / 2015

Transaction ID : SA11AI.5107

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Joel Schofer

Mailing Address 3713 Farnsworth Drive

City

Chesapeake

State

VA

Zip Code

23321

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Naval Medical Center Portsmouth

Occupation

Medical Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
10 / 22 / 2015

Transaction ID : SA11AI.5108

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. St. Francis Hospital

Mailing Address Emergency Department

100 Port Washington Boulevard

City

Roslyn

State

NY

Zip Code

11576-1353

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Francis Hospital

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
10 / 19 / 2015

Transaction ID : SA11AI.5080

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....▶

1000.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE AAEM PAC

Full Name (Last, First, Middle Initial)

A. Dr. Kenneth C. Stewart

Mailing Address 2403 S. County Lane 124

City

Carthage

State

MO

Zip Code

64836

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Saint Johns Regional Medical Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
11 / 30 / 2015

Transaction ID : SA11AI.5109

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Robert Suter

Mailing Address PO Box 670785

City

Dallas

State

TX

Zip Code

75367

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Texas Southweste

Occupation

Medical Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
10 / 27 / 2015

Transaction ID : SA11AI.5112

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Thomas A. Sweeney

Mailing Address 206 Fairhill Drive

City

Wilmington

State

DE

Zip Code

19808-4311

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Doctors for Emergency Service

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
12 / 11 / 2015

Transaction ID : SA11AI.5114

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....▶

750.00

TOTAL This Period (last page this line number only).....▶

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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE AAEM PAC

A. Full Name (Last, First, Middle Initial)  
Charles W. Todd  
Mailing Address 7550 Hillside Road #3802

City State Zip Code  
Amarillo TX 79119

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Not Provided

Occupation

Medical Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

MM / DD / YYYY  
10 / 14 / 2015

Transaction ID : SA11AI.5117

Amount of Each Receipt this Period

1800.00

B. Full Name (Last, First, Middle Initial)  
Dr. Jack Tsai  
Mailing Address 112 Ponte Vedra East Bvd

City State Zip Code  
Ponte Vedra Beach FL 32082

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emergency Resource Group

Occupation

physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
10 / 26 / 2015

Transaction ID : SA11AI.5119

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)  
Dr. Wm. Bruce Watson  
Mailing Address 1403 Peabody Avenue

City State Zip Code  
Memphis TN 38104-3663

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ApolloMD

Occupation

physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
10 / 20 / 2015

Transaction ID : SA11AI.5120

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

2300.00

TOTAL This Period (last page this line number only).....

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|---|------------------------------|------------------------------|-----------------------------|
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| (check only one)                        |                              |                              |                             |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
|   |                              | <input type="checkbox"/> 17  |                             |

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NAME OF COMMITTEE (In Full)  
**AMERICAN ACADEMY OF EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE AAEM PAC**

**A. Dr. Brian J. Wieczorek**

Full Name (Last, First, Middle Initial)  
Mailing Address 513 Route 259

City Ligonier State PA Zip Code 15658

FEC ID number of contributing federal political committee. **C**

Name of Employer IvanStoker, LLC Occupation Emergency Physician

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
11 / 18 / 2015

Transaction ID : SA11AI.5124

Amount of Each Receipt this Period  
250.00

**B. Dr. Steven Zimmerman**

Full Name (Last, First, Middle Initial)  
Mailing Address 39 Fielding Avenue

City Dix Hills State NY Zip Code 11746

FEC ID number of contributing federal political committee. **C**

Name of Employer Progressive Emergency Physicians Occupation Physician

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
12 / 17 / 2015

Transaction ID : SA11AI.5125

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
MM / DD / YYYY

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

500.00

14235.00

201602030004044

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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE AAEM PAC

Full Name (Last, First, Middle Initial)  
**A. BMO Harris Bank NA**

Mailing Address N14 W23999 Stone Ridge Drive

City State Zip Code  
Waukesha WI 53188

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

371.33

Date of Receipt

MM / DD / YYYY  
12 / 31 / 2015

Transaction ID : SA17.5126

Amount of Each Receipt this Period

178.69

Interest Earned on Account

Full Name (Last, First, Middle Initial)  
**B.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)  
**C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶

178.69

TOTAL This Period (last page this line number only).....▶

178.69

201602010300040045

Express

00030

00052

00907

fedex.com 1.800.GoFedEx 1.800.463.3339

05499002

FedEx® Package  
Express® US AirbillFedEx Tracking Number  
8079 4289 3886

1 From

Date 1/26/16

Sender's Name Dan Ellenberger Phone 414 276-6445

Company A A E M

Address 555 E WELLS ST STE 1100

Dup./Refr./Cooling Room

City MILWAUKEE

State WI ZIP 53202-3800

2 Your Internal Billing Reference

3 To

Recipients Name

Phone

Company Federal Election Commission

Address 999 E. Street NW

Dup./Refr./Cooling Room

Address Use this line for the HOLD location address or for continuation of your shipping address.

City Washington DC ZIP 20463



8079 4289 3886

0119429491

1020  
988C0091  
1229  
LTR

ZF

Extren XC RDVA

FedEx®  
TRK# 8079 4289 3886MON - 01 FEB /  
STANDARD OVERNIGHT2046  
DC-  
IA

Form ID No. 0215

4 Express Package S

NOTE: Service order has claim

Next Business Day

FID 149188 29JAN16 TMAA 539C1/861/4818

FedEx First Overnight

Earliest next business morning delivery to select locations. Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.

FedEx Priority Overnight

Next business morning. Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.

FedEx Standard Overnight

Next business afternoon. Saturday Delivery NOT available.

5 Packaging

FedEx Envelope\*

FedEx Pak\*

FedEx Box

FedEx Tube

Other

6 Special Handling and Delivery Signature Options

SATURDAY Delivery

NOT available for FedEx Standard Overnight, FedEx 2Day AM, or FedEx Express Saver.

No Signature Required

Package may be left without obtaining a signature for delivery.

Direct Signature

Someone at recipient address may sign for delivery. Fee applies.

Does this shipment contain dangerous goods?

One box must be checked.

Yes

As per attached Shipper's Declaration, Signature Required.

No

Signature Required.

Dry Ice

by Fedex 3 UN 1845

Cargo Aircraft Only

7 Payment Bill to:

Sender

Add No. to Section

Recipient

Third Party

Credit Card

Cash/Check

Other

Total Packages

Total Weight

Credit Card Auth.

6511

Insert shipping document here

federal.com 1800.GoFedEx 1800.463.3339

Rev. Date 2/12 - Per F153134 - ©1996-2013 FedEx - PRINTED IN U.S.A. SM

NON-CONFIDENTIAL - 0000440010

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
The FEC added this page to the end of this filing to indicate how it was received.

☐ Hand Delivered Date of Receipt

☐ USPS First Class Mail Postmarked Date of Receipt

☐ USPS Registered/Certified Postmarked (R/C)

☐ USPS Priority Mail Postmarked

☐ USPS Priority Mail Express Postmarked

☐ Postmark Illegible

☐ No Postmark

☒ Overnight Delivery Service (Specify): **FEDEX** Shipping Date  
Next Business Day Delivery ☐ **1/29/16**

☐ Received from House Records & Registration Office Date of Receipt

☐ Received from Senate Public Records Office Date of Receipt

☐ Received from Electronic Filing Office Date of Receipt

☐ Other (Specify): Date of Receipt or Postmarked

PREPARER  
(3/2015)

*[Signature]*

**2/1/16**  
DATE PREPARED

2016-02-01 01:00:40